

# 2023 Rx3 Traditional Formulary Changes

Effective January 1, 2023

To view your full Drug List, [click here](#). Para visualizarlo en español, [haga clic aquí](#).

Certain medicines under the Humana Commercial Drug List will have changes to limitation or utilization management requirements for the 2023 plan year. These changes could mean higher or lower costs or changed requirements for Humana members who use these medicines. Humana encourages the use of generic and cost-effective brand medicines whenever possible. Below is a list of some commonly used medicines that have Humana Commercial Drug List utilization management edits in 2023 (e.g., non-formulary [NF] changes, tier/level changes [TC], prior authorization [PA], and step therapy [ST] requirements). Humana members are asked to talk to their doctor or health care professional about possible alternative medicines.

## How to read your formulary changes

These requirements and limits may include:

**Non-formulary (NF):** Certain medicines that were previously covered under your plan benefits will be removed from your Drug List in 2023. If you fill or refill any medicine that is not covered under your prescription drug plan, you may have to pay the full cost of your medicine.

**Level/tier change (TC):** Covered medicines are grouped in different levels called “tiers.” If you fill or refill a prescription for a medicine or supply that’s moving to a different level, you may pay more or less.

**Prior authorization (PA):** Some medicines may need to be approved by Humana before it will be covered; this is called a prior authorization. Your doctor will need to contact Humana to get approval for these medicines to be covered by your prescription drug plan.

**Step therapy (ST):** Some medicines have a step therapy requirement, which means that you need to try at least one lower cost option before the medicine is covered.

### Tier changes (TC) Positive

| Impacted Drug                            | Tier Impact      | Alternative Drug |
|--|------------------|------------------|
| BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE | Tier 3 to Tier 2 | Lowered tier     |
| CORLANOR                                 | Tier 3 to Tier 2 | Lowered tier     |
| FARXIGA                                  | Tier 3 to Tier 2 | Lowered tier     |
| KRISTALOSE                               | Tier 3 to Tier 1 | Lowered tier     |
| KYLEENA                                  | Tier 3 to Tier 2 | Lowered tier     |
| MIRENA                                   | Tier 3 to Tier 2 | Lowered tier     |
| SKYLA                                    | Tier 3 to Tier 2 | Lowered tier     |
| XIGDUO XR                                | Tier 3 to Tier 2 | Lowered tier     |

## Tier changes (TC) Negative

| Impacted Drug | Tier Impact      | Alternative Drug   |
|---------------|------------------|--|
| SYMBICORT     | Tier 2 to Tier 3 | budesonide-formoterol HFA aerosol inhaler<br>Breo Ellipta powder for inhalation<br>Advair HFA aerosol inhaler<br>Wixela Inhub powder for inhalation<br>fluticasone propionate-salmeterol inhalation powder blister |
| INVOKANA      | Tier 2 to Tier 3 | Jardiance tablet<br>Farxiga tablet   |
| AZELAIC ACID  | Tier 1 to Tier 2 | Consult your physician   |
| COLCHICINE    | Tier 1 to Tier 2 | Consult your physician   |
| FINACEA       | Tier 2 to Tier 3 | azelaic acid topical gel<br>metronidazole topical cream<br>metronidazole 0.75 % topical gel  |
| INVOKAMET XR  | Tier 2 to Tier 3 | Synjardy tablet<br>Synjardy XR tablet, extended release<br>Xigduo XR tablet, extended release<br>Farxiga tablet  |
| INVOKAMET     | Tier 2 to Tier 3 | Synjardy tablet<br>Synjardy XR tablet, extended release<br>Xigduo XR tablet, extended release<br>Farxiga tablet  |
| ZUBSOLV       | Tier 2 to Tier 3 | buprenorphine-naloxone sublingual film<br>buprenorphine-naloxone sublingual tablet   |
| CAMRESE       | Tier 1 to Tier 3 | Consult your physician   |
| UNITHROID     | Tier 2 to Tier 3 | levothyroxine tablet<br>Synthroid tablet<br>Levoxyl tablet   |

## Drugs no longer requiring prior authorization (PA)

| Impacted Drug                            | Alternative Drug |
|--|------------------|
| FARXIGA                                  | PA removal       |
| VASCEPA                                  | PA removal       |
| BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE | PA removal       |
| BYSTOLIC                                 | PA removal       |
| COLESEVELAM HYDROCHLORIDE                | PA removal       |
| BUPRENORPHINE HCL/NALOXONE HCL           | PA removal       |

|  |            |
|--|------------|
| FLUTICASONE FUROATE/VILANTEROL<br>ELLIPTA                | PA removal |
| BUPRENORPHINE<br>HYDROCHLORIDE/NALOXONE<br>HYDROCHLORIDE | PA removal |
| BROVANA  | PA removal |

### Drugs requiring prior authorization (PA)

| Impacted Drug   | Alternative Drug  |
|-----------------|---|
| ICOSAPENT ETHYL | simvastatin tablet<br>atorvastatin tablet   |
| INVOKANA        | Jardiance tablet<br>Farxiga tablet  |
| URSODIOL        | ursodiol tablet   |
| BYDUREON BCISE  | Victoza 2-Pak subcutaneous pen injector<br>Victoza 3-Pak subcutaneous pen injector<br>Trulicity subcutaneous pen injector<br>Ozempic subcutaneous pen injector<br>Rybelsus tablet |
| FINACEA         | azelaic acid topical gel<br>metronidazole topical cream<br>metronidazole 0.75 % topical gel   |
| INVOKAMET XR    | Synjardy tablet<br>Synjardy XR tablet, extended release<br>Xigduo XR tablet, extended release<br>Farxiga tablet   |
| STEGLATRO       | Jardiance tablet<br>Farxiga tablet  |
| INVOKAMET       | Synjardy tablet<br>Synjardy XR tablet, extended release<br>Xigduo XR tablet, extended release<br>Farxiga tablet   |
| ZUBSOLV         | buprenorphine-naloxone sublingual film<br>buprenorphine-naloxone sublingual tablet  |
| SEGLUROMET      | Synjardy tablet<br>Synjardy XR tablet, extended release<br>Xigduo XR tablet, extended release<br>Farxiga tablet   |

### Drugs no longer requiring step therapy (ST)

| Impacted Drug   | Alternative Drug |
|---|------------------|
| AZELASTINE<br>HYDROCHLORIDE/FLUTICASONE<br>PROPIONATE | ST removal       |
| AZELAIC ACID  | ST removal       |
| XIGDUO XR   | ST removal       |
| COLCHICINE  | ST removal       |
| BYDUREON BCISE  | ST removal       |
| STEGLATRO   | ST removal       |
| FLUOCINONIDE  | ST removal       |
| SEGLUROMET  | ST removal       |
| BYETTA  | ST removal       |

### Drugs requiring step therapy (ST)

| Impacted Drug             | Alternative Drug  |
|---------------------------|---|
| SYMBICORT                 | budesonide-formoterol HFA aerosol inhaler<br>Breo Ellipta powder for inhalation<br>Advair HFA aerosol inhaler<br>Wixela Inhub powder for inhalation<br>fluticasone propionate-salmeterol inhalation powder blister                                  |
| UNITHROID                 | levothyroxine tablet<br>Synthroid tablet<br>Levoxyl tablet  |
| INSULIN GLARGINE SOLOSTAR | Lantus Solostar U-100 Insulin subcutaneous pen<br>Lantus U-100 Insulin subcutaneous solution<br>Toujeo SoloStar U-300 Insulin subcutaneous pen<br>Toujeo Max U-300 SoloStar subcutaneous insulin pen<br>Tresiba U-100 Insulin subcutaneous solution |
| TALICIA                   | amoxicillin capsule<br>clarithromycin tablet<br>omeprazole capsule,delayed release<br>pantoprazole tablet,delayed release<br>Pylera capsule   |
| DEPAKOTE SPRINKLES        | divalproex tablet,delayed release<br>divalproex capsule,delayed release sprinkle<br>lamotrigine tablet<br>levetiracetam tablet  |

|                  |   |
|------------------|---|
|                  | topiramate tablet   |
| RISPERIDONE ODT  | risperidone tablet<br>quetiapine tablet<br>olanzapine tablet<br>ziprasidone capsule<br>aripiprazole tablet  |
| DEPAKOTE         | divalproex tablet, delayed release<br>lamotrigine tablet<br>levetiracetam tablet<br>topiramate tablet<br>oxcarbazepine tablet   |
| DEPAKOTE ER      | divalproex tablet, delayed release<br>divalproex ER tablet, extended release 24 hr<br>lamotrigine tablet<br>levetiracetam tablet<br>topiramate tablet   |
| INSULIN GLARGINE | Lantus Solostar U-100 Insulin subcutaneous pen<br>Lantus U-100 Insulin subcutaneous solution<br>Toujeo SoloStar U-300 Insulin subcutaneous pen<br>Toujeo Max U-300 SoloStar subcutaneous insulin pen<br>Tresiba U-100 Insulin subcutaneous solution |

### For more information

If you have any questions, please talk to your doctor. You may also call the number on the back of your Humana member ID card. For 24-hour service you can sign in to MyHumana, your personal, secure online account on **Humana.com**. For additional details about what's covered under your plan, you can also view your Certificate of Coverage, Summary Plan Description or Policy of Insurance on **Humana.com**.

Humana Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plans of Michigan, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009 or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company or Humana Health Plan, Inc.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions.



## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog - Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

### فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

### العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك